



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
DETENTION SERVICES
FACILITY MEDICAL POLICIES**

Superintendent _____ Signature Designated Health Authority _____ Signature	Effective Date: November 1, 2016	Revised Date: July 5, 2018		Procedure Number: 8021 Medical Services
Subject: EMERGENCY CARE			Reference: Quality Improvement Standard 4.24	
Purpose:	The purpose of this policy is to establish a process and procedures for providing Emergency Care or responding to an emergency situation.			

PROCEDURE:

- A. Both health care and direct care staff have an obligation to protect the health and safety of the youth at all times. All staff have the right and responsibility to immediately call 9-1-1 at any time a youth’s condition appears compromised. Thus, on-site First Aid and/or Emergency Care shall be provided to ALL youth who are in need (when a youth’s health is compromised or life is in jeopardy), in the most effective and efficient manner possible. If any direct care is unsure as to whether a situation is an emergency or warrants emergency medical attention, they shall immediately notify the on-site licensed health care staff. If this person is not on-site or is otherwise not immediately available, then Emergency Medical Services shall be summoned by calling 9-1-1 while Cardiopulmonary Resuscitation (CPR) is started (as appropriate to the type of injury or illness). Similarly, if the licensed health care staff on-site is uncertain as to the condition of the youth, 9-1-1 shall be called immediately. No staff person should be faulted for acting too quickly at accessing EMS for a situation that was ultimately less critical than it appeared. Delays in calling 911, for whatever reason, are unacceptable and place valuable lives in jeopardy unnecessarily.

- B. First Aid and CPR Certifications
 - a. All non-health care staff that has direct contact with youth must maintain current certifications in First Aid and Basic Cardiopulmonary Resuscitation (CPR) with Automated External Defibrillator (AED) training (when an AED is on site).
 - b. All facility licensed health care staff must maintain at a minimum, current certification in Basic Cardiopulmonary Resuscitation (with AED training). Nursing staff are not required to maintain First Aid Certification since that instruction is included in a nurses training.
 - c. First Aid/CPR recertification must be provided at the required intervals for all staff.
 - d. AED training is required for all facilities with AED’s. All staff at the facility are required to be certified in the use of the AED.

- C. Automated External Defibrillators

- a. The AED will be placed in a secured area that is easily accessible to staff and procedures are established to ensure the batteries, pads, etc., are replaced at required intervals.
- b. The use of an AED has been demonstrated to assist in the life-saving efforts for those individuals suffering from sudden cardiac arrest from ventricular fibrillation prior to EMS arrival. Thus, the Department strongly recommends that all facilities have at least one AED.
- c. If an event occurs requiring the use of the AED, it shall be secured for OHS with all pads and battery in-tact for data retrieval.

D. Emergency Drills

- a. All health care and non-health care staff must act quickly and effectively when faced with youth and/or staff emergencies. Emergency drills help to ensure a proper response. Emergency drills are conducted for each shift on a quarterly basis at minimum. These drills are not the same as institutional emergency or disaster preparedness drill. The drill should be announced and unannounced and simulate an episodic care event that calls for immediate First Aid and/or administration of CPR techniques along with the initiation of the emergency procedures to follow when a life-threatening emergency does occur. Not all drills must include CPR, but those techniques MUST be practiced on a regular basis and at least once per quarter or once per shift, per year.
- b. Suggested simulated events that may be used for emergency drills include:
 - i. Cardiopulmonary Arrest
 - ii. Unconsciousness (youth found down)
 - iii. Choking Episode
 - iv. Uncontrolled Bleeding
 - v. Seizures
 - vi. Sudden Mental Status Changes
 - vii. Chest Pain
 - viii. Shortness of Breath
 - ix. Open Head Injury
 - x. Fractures or Potential Fractures
 - xi. Suicide Attempt
- c. These drills do not need to be elaborate and do not require licensed health care professionals. However, if licensed health care staff are available on site then facilitation of these drills should be one of their responsibilities. Direct care staff must always be active participants.
- d. These drills are to be documented and critiqued by medical professionals in detail in order to determine areas in which additional training is needed. Documentation of the critiques and the follow-up corrective action/education, if any, shall be maintained at the facility.

E. A list of emergency telephone numbers and cell phones numbers, including the number of the statewide Poison Information Center, shall be posted or located so that it is accessible to all staff on all shifts. This list should not be in a location accessible to juveniles.

F. When a youth requires the use of an Epinephrine Auto-Injector, all healthcare and direct care staff (at the Supervisory level) shall be appropriately trained on the administration of the Epinephrine Auto-Injector, and shall administer the Epinephrine Auto-Injector, when indicated.

An appropriately trained RN can train other healthcare staff and non-health care staff on the use of the Epinephrine Auto-Injector,

- G. In order for the life rescuing administration of the Epinephrine Auto injector by non-licensed staff, a patient specific order for the use of the stock Epinephrine Auto injector (or patient specific where clinically indicated) must be documented in the youth's Individual Health Care Record.